

# City of Coppell

## Retail Food Establishment Inspection Report

|   |   |         |          |                               |   |                |
|---|---|---------|----------|-------------------------------|---|----------------|
| LR  | 2-10-15   |         |          | FE-02-0049                    | 0   | Low            |
| San Code  | Date  | Time In | Time Out | Establishment Number          | Previous Score  | Risk Category  |
| Purpose of Inspection: 1-Follow-Up <u>2-Routine</u> 3-Field Investigation 4-Pre-Opening 5-Other |   |         |          |                               |   |                |
| Establishment: Coppell High School Softball   |   |         |          | Owner: CISD / City of Coppell |   |                |
| Physical Address: 1301 Wrangler   |   |         |          | Zip: 75019                    | Phone: ( )  |                |
| OUT<br>5 Pts  | IN  | NA      | NO       | COS                           | <b>Food Temperature/Time Requirements</b><br>Violations Require Immediate Corrective Action      Remarks                  |                |
|   | ✓   |         |          |                               | 1. Proper Cooling for Cooked/Prepared Food  |                |
|   |   |         |          |                               | 2. Cold Hold (41 degrees Fahrenheit /45 degrees Fahrenheit)   |                |
|   |   |         |          |                               | 3. Hot Hold (135 degrees Fahrenheit)  |                |
|   |   |         |          |                               | 4. Proper Cooking Temperatures  |                |
|   |   |         |          |                               | 5. Rapid Reheating (165 degrees Fahrenheit in 2 Hrs)  |                |
| Item/Location/Temperature<br>Cooler 34°F-37°F<br>-chili 140°F                                   |   |         |          |                               |   |                |
| OUT<br>4 Pts  | IN  | NA      | NO       | COS                           | <b>Personnel/Handling/Source Requirements</b><br>Violations Require Immediate Corrective Action      Remarks              |                |
|   | ✓   |         |          |                               | 6. Personnel with Infections Restricted/Excluded  |                |
|   | ✓   |         |          |                               | 7. Proper/Adequate Handwashing  |                |
|   | ✓   |         |          |                               | 8. Good Hygienic Practices (Eating/Drinking/Smoking/Other)  |                |
|   | ✓   |         |          |                               | 9. Approved Source/Labeling   |                |
|   | ✓   |         |          |                               | 10. Sound Condition   |                |
|   | ✓   |         |          |                               | 11. Proper Handling of Ready-To-Eat Foods   |                |
|   | ✓   |         |          |                               | 12. Cross-contamination of Raw/Cooked Foods/Other   |                |
|   | ✓   |         |          |                               | 13. Approved Systems (HACCP Plans/Time as Public Health Control)  |                |
|   | ✓   |         |          |                               | 14. Water Supply – Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure                                       |                |
| OUT<br>3 Pts  | IN  | NA      | NO       | COS                           | <b>Facility and Equipment Requirements</b><br>Violations Require Immediate Correction, Not To Exceed 10 Days      Remarks |                |
|   | ✓   |         |          |                               | 15. Equipment Adequate to Maintain Product Temperature  |                |
|   | ✓   |         |          |                               | 16. Handwash Facilities Adequate and Accessible   |                |
|   | ✓   |         |          |                               | 17. Handwash Facilities with Soap and Towels  |                |
|   | ✓   |         |          |                               | 18. No Evidence of Insect Contamination   |                |
|   | ✓   |         |          |                               | 19. No Evidence of Rodents/Other Animals  |                |
|   | ✓   |         |          |                               | 20. Toxic Items Properly Labeled/Stored/Used  |                |
|   | ✓   |         |          |                               | 21. Manual/Mechanical Warewashing and Sanitizing at ( ) ppm/temperature   |                |
|   | ✓   |         |          |                               | 22. Manager Demonstration of Knowledge/Certified Food Manager   |                |
|   | ✓   |         |          |                               | 23. Approved Sewage/Wastewater Disposal System, Proper Disposal   |                |
|   | ✓   |         |          |                               | 24. Thermometers Provided/Accurate/Properly Calibrated (±2 degrees Fahrenheit)  |                |
|   | ✓   |         |          |                               | 25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair   |                |
|   | ✓   |         |          |                               | 26. Posting of Consumer Advisories (Heimlich/Disclosure/Reminder/Buffer Plate)  |                |
|   | ✓   |         |          |                               | 27. Food Establishment Permit   |                |
| Subtotal  | Other Violations – Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First |         |          |                               |   |                |
| 5pt   | Food permit issued  |         |          |                               |   |                |
| 4pt   |   |         |          |                               |   |                |
| 3pt   |   |         |          |                               |   |                |
| Total   | Inspected by: WayPah RS   |         |          | Print: WayPah 972-462-5164    |   |                |
| F/U<br>Yes/No   | Received by:  |         |          | Print:                        |   | Title: Manager |



CITY OF COPPELL  
ENVIRONMENTAL HEALTH DEPARTMENT

WRITTEN NOTICE

Name of Establishment: Coppell High School Softball

Date: 2-10-15

Address: 1301 Wrangler Circle

Purpose: Routine

Owner: \_\_\_\_\_

- chili 140F  
- No critical violation observed.

*Estrella Rivera*  
Received By:

*Wayne J. R.*  
Inspected By: